

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0028825669** File Number: **0000119053** Submit Date: **07/29/2020** Call Sign: **WBDK** Facility ID: **48848** City

ALGOMA State: WI

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 07/29/2020 Filing Status: Active

General Information

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	EEO Report for License Renewal
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
MAZUR, LLC Doing Business As: MAZUR, LLC	49 N MADISON AVE UNIT 204 STURGEON BAY, WI 54235 United States	+1 (303) 210- 9184	mazur@doorcountydailynews. com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
David D Oxenford	1800 M Street, NW	+1 (202) 783-	doxenford@wbklaw.	Legal
Wilkinson Barker Knauer,	Suite 800N	4141	com	Representative
LLP	Washington, DC			
	20036			
	United States			

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
85794	WRKU	FORESTVILLE	WI	No
48848	WBDK	ALGOMA	WI	No
85829	WRLU	ALGOMA	WI	No
165986	WSBW	EPHRAIM	WI	No

Program Report Questions

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No

Full-time Employees Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	No
---	----

Additional Program Report Questions

Responsibility for Implementation

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
Tim Kowols	Operations Manager

Certification

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F. R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	07/29 /2020
Certified Title	President
Authorized Party Name	Bryan Mazur

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Mazur EEO Report 2018-19. pdf	Applicant	EEO Public File Report	2019 EEO	Done with Virus Scan and/or Conversion
Mazur EEO Report 2020.pdf	Applicant	EEO Public File Report	2020 EEO	Done with Virus Scan and/or Conversion
Mazur Narrative Statement.	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion